

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	EML		
O.I.P.E. CLASSIFIER	TD		
FORMALITY REVIEW	MM	572	10-17-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

BEST AVAILABLE COPY

Claim	Date
1	8/15/93
2	8/15/93
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	N
13	N
14	N
15	N
16	N
17	N
18	N
19	N
20	N
21	N
22	X
23	X
24	X
25	X
26	N
27	N
28	N
29	N
30	N
31	N
32	N
33	N
34	N
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36	N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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